

The Southern California Sub-Committee favored a \$75.00 fee.

In Portland at the Pacific States Medical Executives' Conference, the representatives of the Oregon State Medical Association stated the members of their Association would prefer to do the obstetric work without pay, in preference to a governmental fee that did not cover costs of such professional service. (It is said that Michigan has taken a somewhat similar position.)

The Government may establish the fee its Bureau officials approve. The Oregon colleagues felt that *any governmental fee so established should not be paid to the attending physicians direct, but to the patients; the patients in turn to choose their own physicians and make such arrangements as to fees as might be mutually agreeable.* (For Pacific Conference resolutions, see page 375.)

In this way, it was hoped to avoid the establishment of a *below-cost* fee schedule that would be flaunted at the medical profession for years to come as being a "fair fee" that the profession had accepted.

It was also felt that the profession had a right to call attention to the fact that all war production work was on a cost plus basis. That professional services by physicians, comprehending hundreds of thousands of dollars had been given by Selective Service and other examiners. Also, that there should be a limit to the gratuitous service demanded of physicians. It was believed, by calling attention to the various factors, the public would be informed concerning the real issues involved, etc.

In connection with the proposed grants-in-aid through the Federal Children's Bureau (to constituted State Agencies such as the State Board of Health) to provide certain types of medical care, it may not be out of place to refer to an experience in 1927-1928.

At that time the Crippled Children's work came to the front, and the decision reached by the California State Board of Public Health was that the federal money would not be accepted if it was mandatory to accept a fee table previously set up in Washington for professional services that had been rendered.

The California State Board of Public Health stated it would be most happy to aid in the proper care of the crippled children of the State, and to receive federal monies in connection therewith; but the State Health Board would insist upon the right to set up its own fee table, in harmony with established standards in California, and determine to whom, for what and when such payments would be made.

In principle, the issue in connection with maternity aid is somewhat similar.

\* \* \*

**Resolution of the Pacific States Medical Executives' Conference.**—To complete the picture, so far as relates to its status at the time of this writing, the resolution of the Pacific States Medical Executives' Conference may be appended:

PACIFIC STATES MEDICAL EXECUTIVES' CONFERENCE

Resolutions adopted on May 29-30, 1943, at the 5th Annual Session in Portland, Philip K. Gilman, California, presiding

The Reference Committee (George E. Henton, Oregon, Chairman, Homer D. Dudley, Washington, and George H. Kress, California) recommends the adoption of the following resolutions:

Resolution No. 1

*Resolved,* That approval be expressed of federal assistance to the wives and children of service men as out-

lined in the plan under consideration by the Federal Children's Bureau; provided however, that the constituent state medical associations which are members of the Pacific States Medical Executives' Conference be requested to consider carefully the merits of the procedure proposed by the Oregon State Medical Society, wherein any allocations for professional services agreed upon as compensation for obstetric work involved shall be given to the wives of enlisted men; such patients then to secure the services of physicians as they themselves deem proper, the fee for professional services to be decided by mutual agreement between the patients and the attending physicians; and

*Resolved,* That the Conference Secretary send outlines of the Oregon plan to the constituent state associations; and further

*Resolved,* The suggestion be made that a special committee composed of representatives of the Pacific States medical associations be brought into being, if possible, to further consider the above Oregon plan.

\* \* \*

**To Summarize.**—If the issues involved were not so important, both for present-day and future medical practice, the space for the above citations would not have been given.

Even though the plan be inaugurated when our Country is at war, it is nevertheless important that proper understanding should be had by physicians concerning the implications in the proposed maternity care plans, as tentatively outlined by the U. S. Children's Bureau.

Every component county society,—some in wartime production areas, more than the others—has real responsibilities in relation to the proposed work. The C.M.A. Council will meet on June 19-20 next. County Societies and individual members of the California Medical Association are invited to promptly send their suggestions and advices to the C.M.A. Council, 450 Sutter, San Francisco.

## EDITORIAL COMMENT †

### COLLATERAL PANIMMUNITY IN TUBERCULOSIS

In order to explain accumulated data from a ten-year study of the collateral immunity in experimental tuberculosis, Ascoli and his colleagues of the University of Milan introduced the term "anachoresis." This term refers to: (a) the apparent elective mobilization of nontubercular bacteria (and viruses) in acute tuberculous nodules, and (b) their subsequent destruction by the local inflammatory tissues. Thus considered, the local tuberculous nodule becomes a universal "cleanser" for the body as a whole, a hypothetical panimmunity mechanism of major clinical interest.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

Data suggesting this anachoretic theory have been recently summarized in American literature.<sup>1</sup> As a typical example of such data, a single tuberculous nodule was found in the spleen of a rabbit previously inoculated with attenuated bovine tubercle bacilli. This nodule contained both viable tubercle bacilli and *Pasteurella caniculeseptica*, which latter organism was demonstrable in no other tissue of the tuberculous animal. Numerous data of this type pointed to the conclusion that "microorganisms of all types are drawn to" the tuberculous nodule due to the process of "anachoresis." Similar anachoretic mobilization can be demonstrated with other local inflammatory lesions. For example, Robinson and Boling<sup>2</sup> have described an "anachoretic pulpitis," due to the elective localization of naturally acquired infections in the irritated pulps of teeth.

Destruction of locally mobilized microorganisms within the anachoretic nodules was noted in calves previously inoculated subcutaneously with B.C.G. These calves were resistant to experimental *pasteurella* infections, which proved fatal to non-vaccinated calves.<sup>3</sup> A similar anachoretic immunity was deduced from the lowered morbidity and mortality to experimental foot-and-mouth disease<sup>4</sup> and *B. abortus* infections in B.C.G. vaccinated guinea pigs.<sup>5</sup> Vaccinated guinea pigs when deprived of their tuberculous nodules lost this collateral panimmunity. Transplantation of the excised nodules into normal guinea pigs immediately increases their resistance to *B. abortus* and other infections.<sup>6</sup> Extirpation of the primary nodule is also followed by an immediate loss of required resistance to tuberculosis.<sup>7</sup> Ascoli believes that a large part of the acquired resistance to tuberculosis is thus attributable to the "cleanser" effect of the primary tuberculous nodule.

Ascoli and his associates have subsequently repeated these extirpation and transplantation experiments on calves. In one experiment, a four-months'-old calf was inoculated subcutaneously in the dewlap with a viable tuberculous vaccine with the resulting formation of two hard, painless nodules, each about one inch in diameter. Nine days later the two nodules were removed and each transplanted into the dewlap of a normal calf. As soon as the surgical incisions had healed, the two recipients, together with the donor, and a normal control were each injected intravenously with 0.1 mg. doses of highly virulent bovine tubercle bacilli. Five months later, the four calves were slaughtered. Miliary tuberculosis was demonstrated in the lungs and thoracic lymph nodes of the control calf. In the calf from which the vaccinal nodules had been removed, there was an enlargement of the thoracic and pharyngeal lymph nodes in which, however, specific tuberculous lesions could not be demonstrated. In the two calves receiving the tuberculous nodule, the thoracic organs were wholly free from tuberculous manifestations. Total thoracic resistance to intravenously injected virulent tubercle bacilli, therefore, was apparently effected by the anachoretic ingraft in the two normal calves.

Anachoretic phenomena also apparently play a rôle in experimental syphilis. Brown and Pearce<sup>8</sup> found an aggravation of experimental syphilis in rabbits following removal of the primary testicular lesion.

Evidence that a primary tuberculous, syphilitic, or other local inflammatory nodule may serve as effective panimmunity mechanism is, therefore, fairly conclusive. Ascoli's hypothesis that "microorganisms of all kinds are drawn to" such inflammatory foci and are there destroyed by the local cellular defenses, however, is still controversial. It would seem to be equally plausible to assume that the local inflammatory nodules give off non-specific hormones (or necrotic products) stimulating (or activating) cytological defenses in other parts of the body. This second explanation, which is now under investigation in American laboratories, would be of wide practical clinical interest.

P. O. Box 51.

W. H. MANWARING,  
Stanford University.

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